GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:2546
ANSWERED ON:31.07.2002
REORGANISATION OF HEALTH CARE STRUCTURE
P.R. KHUTE;PUNNULAL MOHALE

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government propose to recognize the existing structure of health-care;

(b) if so, the details in this regard;

(c) if not, the reasons therefor;

(d) whether the Government propose to formulate any programme/scheme to promote services of Indian System of Medicine and Homoeopathy (ISM&H);

(e) if so, the details in this regard; and

(f) if not, the reasons therefor?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a)to(c): Health is a State subject. However, the national Health Policy - 2002 announced recently by the Government of India contains some policy prescriptions which have a bearing on improving the delivery of health care services in the country which are annexed.

(d)to(f): The Working Group on ISM&H for the 10th Plan has approved some schemes which will augment ISM&H services. These are: grant-in-aid for opening ISM&H wing in district hospitals, speciality/clinics therapy in modern hospitals, supply of drugs to dispensaries of ISM&H in remote and backward areas.

ANNEXURE

Policy prescriptions contained in the National Health Policy - 2002 which have a bearing on improving the delivery of health care services in the country:

i) Increasing aggregate health sector expenditure from 5.2 per cent of GDP at present to 6 per cent of GDP, with Government contribution increasing from 0.9 per cent of GDP at present to 2 per cent of GDP by 2010.

ii) Increasing sectoral outlay for the primary sector to 55 per cent of the total public health investment for reducing various types of inequities and imbalances in the provision of health care services.

iii) Gradual merger of all health programmes under a single field administration, however, vertical programmes for control of major diseases like TB, Malaria, HIV/AIDS as also RCH and Universal Immunization Programmes to continue till moderate levels c prevalence are reached.

iv) De-centralization of implementation of various public health programmes to local self-government institutions by 2005.

v) Revive primary health system by providing essential drugs under Central Government funding through decentralized system.